

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

THE MANUFACTURING STATIONERS (INC.) PHOENIX

Vol. 10 # 202

(This return should preferably be made
by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Duncan
(Registration District)

County Greenlee No.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Male</u>			

DATE OF BIRTH* October 8th 1921
(Month) (Day) (Year)

FULL* NAME FATHER
Silas Edward Bradshaw

FULL* MAIDEN NAME MOTHER
Dora Pace

I HEREBY CERTIFY that the child described herein has
named

Wayne Bradshaw
(Give name in full) (Surname)

(Signature) Silas Bradshaw

J. H. Briley
(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate
tenth day of following month.

9-11-22